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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/767,838	01/24/2001	Eric D. Shaw	1063.39266×00	2202
75	90 12/16/2004		EXAM	INER
	ry, Stout & Kraus , LLI	VO, HUYEN X		
Suite 1800 1300 North Sev	enteenth Street	ART UNIT	PAPER NUMBER	
Arlington, VA		2655		

DATE MAILED: 12/16/2004

Please find below and/or attached an Office communication concerning this application or proceeding.



## UNITED SEES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

SUSAN MOFADDEN PRIMARY EXAMINER

APPLICA	TION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
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		INTERVI	DAT EW SUMMARY	E MAILED:
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Date of Interview	11/2-91	lox	-	2 1000
Type: Teleph	nonic Persona	al (copy is given to applicant	applicant's representative).	
Exhibit shown or	demonstration co	nducted: Yes No If yes, t	orief description:	
Claim(s) discuss	vas reached. $\Box$ ved: $\Box$ ded: $\Box$ ded: $\Box$ ded: $\Box$ ded: $\Box$ descussed: $\Box$	2. That exam	mer will grand	Cor Hunauen hun
Description of the	e general nature o	f what was agreed to if an agreem	ent was reached, or any other com	ments:
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( A fuller descript must be attached attached.)	ion, if necessary, a d. Also, where no	and a copy of the amendments, if a copy of the amendments which wo	available, which the examiner agree ould render the claims allowable is a	ed would render the claims allowable available, a summary thereof must be
1. It is not ne	cessary for applica	ant to provide a separate record of	the substance of the interview.	
Unless the parag IS NOT WAIVED action has are re	raph above has be	een checked to indicate to the con UDE THE SUBSTANCE OF THE PLICANT IS GIVEN ONE MONTH	trary. A FORMAL WRITTEN RESP	PONSE TO THE LAST OFFICE ACTION 713.04). If a response to the last Office TO FILE A STATEMENT OF THE
rejections ; is consider	and requirements red to fulfill the res	that may be present in the last Off	ice action, and since the claims are	esponse to each of the objections, now allowable, this completed form I from providing a separate record of
Examiner Note: Y	You must sign this.	drm unless it is an attachment to	another form MA	You as My bald

FORM **PTOL-413** (REV.1-96)